

Beyond Vision Screening: Building a Comprehensive Vision Program

Kelly Towey: Hello and welcome. Thank you for joining us today for our webinar, Beyond Vision Screening: Building a Comprehensive – Comprehensive Vision Program. This webinar is sponsored by the Office of Head Start National Center on Health and the National Center for Children's Vision and Eye Health at Prevent Blindness with support from the American Association of Pediatric Ophthalmology and Strabismus.

My name is Kelly Towey, and I'm here as a consultant for the National Center on Health. Before we begin today's webinar, I'd like to highlight a few housekeeping items. First, a few webinar details. If you're using Wi-Fi and you are not hard-wired, you may experience greater lag time during the presentation. Please note that the slides are going to advance automatically throughout the presentation. Attendees do not have control over them. All attendee lines are muted, but if you have a question, we'd like you to type your question in the "Ask a Question" box on your screen. If time permits, there will be a short question and answer session at the end of the webinar. If we don't have time to answer your question during the webinar, we'll send you an answer directly via email over the next several weeks. If you're listening to the webinar by phone, you must click on the "Listen by Phone" button that's just above the "Ask a Question" box. To view the presentation in full screen, please click on the little blackish-gray button at the upper right-hand corner of the presentation slides.

After the webinar, you'll be redirected to an online evaluation. Please take a few minutes to share your feedback on today's event. Only participants who complete their evaluation will receive a certificate of participation. If you're watching as part of a group, the person who logged on for the webinar will receive an email with a link to the survey. Please share this link with the rest of your group so that they can complete their evaluation and receive their certificate. If you need technical assistance during the webinar, please type your question in the "Ask a Question" box and our technical staff will assist you. At this point, I'm going to turn our webinar over to Kira Baldonado from Prevent Blindness.

Kira Baldonado: Thank you, Kelly, and thanks to all of you in the audience for joining us today for our webinar, Beyond Vision Screening: Building a Comprehensive Vision Program. I just want to take a moment to review the objectives of the presentation today and introduce both of us as presenters, and then I'll turn it over to Dr. Jean Ramsey to begin her portion of the presentation. So our objectives for today's webinar is to allow you to describe three solutions to common barriers of care found in a children's vision program and hopefully offer some solutions to overcome those barriers, describe two critical components of your vision health program that needs to be measured annually, and describe at least three resources available from the Year of Children's Vision Initiative and the National Center for Children's Vision and Eye Health at Prevent Blindness that will help you meet some of your needs within your children's vision health program. So this is me. I'm joining you today.

My name is Kira Baldonado, Director of the National Center for Children's Vision and Eye Health at Prevent Blindness. Our organization is a partner in the Year of Children's Visions Initiative, which is an effort to provide resources and technical assistance and connect Head Start programs and Early Head Start programs with professionals that in all will help to improve the vision resources and eye care

provided in those programs. So a little bit about me. I joined the staff of Prevent Blindness in 2011 as Director of the National Center. And in that role, I'm responsible for providing direction of leadership to early detection efforts and other essential public health interventions related to children's vision screening systems and eye care and eye health programs. I coordinate the advisory committee, the national expert panel, as well as several interagency efforts around children's vision and eye health and also work with five pilot programs taking place throughout the country in the states of Massachusetts, Illinois, North Carolina, Ohio, and Georgia. Prior to joining the staff of Prevent Blindness, I worked at our Ohio affiliate for eight years as Director of Marketing Community Services where I provided leadership in the development and implementation of statewide programming, organizational marketing, resource development, and legislative outreach.

And now I'd like to take a moment to introduce Dr. Jean Ramsey. And Dr. Jean Ramsey, her participation is sponsored in part today by AAPOS, the American Academy of Pediatric Ophthalmology and Strabismus, as was mentioned. And just a mention about that organization, the mission of AAPOS is to promote the highest quality medical and surgical eye care worldwide for children and for adults with strabismus. Members are ophthalmologist-certified in the United States or Canada, and they've graduated from medical school, completed a three-year ophthalmology residency program in addition to a year of training in pediatric ophthalmology or strabismus. Dr. Ramsey is a member of AAPOS and is a magna cum laude graduate of Boston University School of Medicine and did her ophthalmology residency, chief residency, and pediatric fellowship at Tufts New England Medical Center Hospital. She specializes in pediatric ophthalmology and strabismus, and after working as an attending physician at both Tufts and Massachusetts Eye and Ear Infirmary, she was recruited back to her alma mater where she's now an Associate Professor of Ophthalmology in Pediatrics, Vice-Chair of Education and Residency Program Director for the Boston Medical Center Department of Ophthalmology. She's also Associate Dean of Alumni Affairs at Boston University School of Medicine. She received her Master's in Public Health degree with honors from Boston University School of Public Health in 2008. At this point in time, I'm going to turn the presentation over to Dr. Ramsey to begin her portion.

Dr. Jean Ramsey: Well, thank you, Kira, and thank all of you out there for your interest in this topic, and it is important, and we're grateful to have you. So, yes, I'm the pediatric ophthalmologist for over 20 years. I've been taking care of pediatric patients with eye disease, and it's been my pleasure to do so. It's also been a pleasure working with National Head Start Association as part of the Year of Children's Vision Initiative, which we're very excited about. And also, I've been working with Head Start for years locally and also as part of the annual meetings. Today the focus of the conversation will primarily be to discuss some of the results of the vision screening survey that was sent to Head Start centers around the country, and maybe some of you out there had the opportunity to complete it. Let me say right off the bat that the results from this survey, number one, really document the exemplary work being done within the Head Start programs in vision, and I'm sure other areas also, but certainly in vision. And number two, so grateful to the respondents for identifying the barriers in the system that still exist that we need to identify and fix in order to ensure that every child has the opportunity to develop their best visual potential. So a big thank you to all the respondents today.

So let me say – before I get into the survey, let me just kind of lay a little bit of groundwork, spend a few minutes talking about vision in children. So certainly everyone would agree that we want to minimize visual difficulties. Vision loss, even if it's mild, and certainly if it's severe or profound, can limit the ability of children to engage with the world. So we want to maximize their visual potential really at any age. But let's ask the question: Why do early vision screenings? We know that at times it can be, in fact, be difficult to screen young children, so we better have a good reason for doing it. And there's certainly, again, I'm sure many of you know, there is a very good reason. It is absolutely critical that we identify children who are at risk of permanent visual loss from a condition called amblyopia. Some people may call it "lazy eye." What is amblyopia? It's reduced vision in a child who is otherwise healthy, who has a normal eye and it's healthy, but yet the vision is not where it should be. Even if we put glasses on the child, the child can't see. This is a developmental problem.

Historically, we never thought of vision problems as developmental, but something interferes with the normal development of the visual system early in life from birth to eight or nine years of age. And this is a common condition. Two to 4 percent of children, some would say even 5 percent, may suffer from amblyopia if we don't treat it. If we detect it early, if we are successful in treating it, this condition is reversible in nearly all cases, and that is the really great news. But without treatment, if we don't identify children and we don't treat them, amblyopia results in permanent visual loss in one or both eyes. So it is a serious matter. What are the requirements? What does a child need to develop his or her best visual potential? Well, assuming the eyes are healthy – and we need more than just the eyes to see. We need a whole visual system. And assuming the visual system is healthy, a couple of other conditions need to exist. Number one, the eyes need to be straight so that the brain is getting information from both eyes simultaneously.

And the second important piece is that the image that is being sent from the eyes to the brain has to be a clear visual image. It cannot be a blurred image. So with this in mind, this leads us to: What are the kinds of conditions that could exist early in life that would interfere with this visual development? And I've put up a few images here. The first one here illustrates a child with crossed eyes. Clearly, the brain is not able to receive a visual image from both eyes simultaneously. What oftentimes happens is the brain shuts off the eye that's crossed. That eye fails to develop vision and it loses vision. The second picture is meant to kind of illustrate a similar thing. In this case, the eyes are different. You'll notice this eye looks small and this eye looks big. Well, in fact, the eyes are the same size, but this eye is very near-sighted and this eye is far-sighted. So, again, similar situation. The brain is not able to process the images from both eyes simultaneously. Without any warning, the brain shuts off an eye. We call that suppression of the eye. That eye loses vision, and the child develops amblyopia.

The last image here is meant to show a child who, before we realized he had a problem, was sending a blurry image to the brain. Fortunately, it was uncovered and we were able to put the child in glasses so the brain was getting a sharp image. Without this treatment, this child down the road, when someone realized they could not see, they put the glasses on the child and the child would not see the way he should have. So these are just a little bit of examples of the types of conditions that are out there that can cause serious vision problems. So does this child have amblyopia? It would be great if we could tell whether a child had amblyopia just by looking, but typically children with amblyopia look perfectly

normal like any other child, and if you're going to observe them, you will notice no change in their functioning. You cannot tell. That points to the importance of a system of care that includes vision screening to try and detect children who may have a problem in one or both eyes, and then referral of the child for an eye exam where the diagnosis can be made and treatment started if it's needed, and the treatment is not always easy. We need to make sure that the treatment is done and that the child continues follow-up. So in essence, at least from the visual system, that's what we need. And to get there, it's complicated. All of these steps have lots of pieces that have to be in place for this to happen. And that, of course, is what we're talking about today.

So let's look at the vision screening survey results. And I will start off by reminding people, and again, I think most people on this call know about the terrific performance standards that exist within Head Start, that a child, soon after entry, within 45 days, needs to have their vision screened, but it doesn't end there. They need to get the follow-up eye exam if needed. And it doesn't stop there. There's a procedure required to identify children that may have new vision problems, or maybe an old problem has recurred. I have to say, you know, this is outstanding. This is such a terrific groundwork to work on to develop the kind of system that we need. So the survey was sent to over 1,300 Head Start staff around the country. We had 131 responses which was a response right at 10 percent. Most of the folks responding were involved somewhere in the health of the child or the health system within Head Start. And many of the respondents had worked five years or more. In fact, nearly three-quarters of them at 42 percent worked more than 10 years.

So we had a very experienced group of respondents who were reporting on almost 84,000 enrolled children. So we started by saying: What percentage of children at your Head Start receive a vision screening at the facility? And three-quarters reported that they get the screening done at the Head Start facility, and more than half reported that the Head Start employees are typically the ones to do the vision screening, and only a quarter reported that the vision screening services were contracted out, that people came in to do the screening. Many children don't receive a screening by the primary care physician. One-half reported that fewer than 25 percent of the children are screened by the PCP. I guess I would add that at least the screening results are not received by the Head Start center. So we may have to clarify that a little bit. Are you able to screen these children? Well, 57 percent reported that they're able to screen three-year-olds almost always or always. And with the four-year-olds, that number went up to 70 percent.

So, again, very good results in screening these children, better than a lot of what we see in the literature out there. What about health insurance? 26 percent of the respondents reported that more than 75 percent of their children, and this should be 75, have insurance, and nearly all reported that more than half of the children had insurance.

We asked a series of questions on how you screen because vision screening is prone to, even those who want to do the best job possible, to do it with tarots and methodology that doesn't really accomplish what you're trying to accomplish. So we asked: What do you do? How do you assess acuity? And we look here and we see there's lots of charts. And if you look at a catalog from a company, there will be lots of charts. And left to their own devices, many people may pick this chart. It's pretty, it's colored, et cetera.

However, it's never been validated and certainly not validated with the young children that we're talking about in Head Start. So for these young children, the symbols that have to be used are the LEA symbols or the HOTV letters.

Examples of other charts, they look pretty but should never be used in a screening setting. And you'll hear more about this in a webinar next month. When we asked this question, we were very happy to see that 65 percent to 71 percent of the respondents actually used the HOTV and LEA symbols, and that is just outstanding. We have a smattering that use some of those other eye charts. 15 percent of the other, those folks actually use instrument-based screenings. So really great methods being used to assess vision. Then we asked: How do you cover the eye?

This is another area where problems develop. Some people like to use Styrofoam cups or teaspoons and tablespoons. Clearly, that work won't. And a child, the hand is nice in that it's, well, it's available and free of charge, but it's totally inadequate. And this exaggerates the picture. Actually, it's very easy for a child to peek through the fingers. So that's inadequate. Even patches in a child who's really trying, especially in a child who can't see, and this child and the child's left eye, they will do whatever they can to see. I don't call it cheating. I feel like they're doing what you've asked them to do. Fortunately, we now have occluder glasses. Some of you have seen these. They're thick and they're washable, and even when a child tries to look around, gaze, they're not able to see around it. So what about eye occlusion methods? We see that 14 percent use the hands, 8 percent use a cup or spoon, and some are using cardboard covers. So this is an area that we may have to pay attention to, to make sure that this is being done appropriately, and this is a common area that we find we need more education.

So vision screening training is important. It's not all that complicated, but there are many avenues where it slip and slide, shall we say. What about when a child doesn't pass the screening? What follow-up procedures do you do? Well, certainly, the parent or caregiver is informed. They're instructed to make an eye appointment. But in addition, 19 percent reported that they actually make the appointment for the family. And 64 percent reported that they make phone calls to the home to ensure that the child was seen by the eye doctor. Again, this is exemplary care, because, again, this is an area in a system where it often falls short. Some folks did some writing and said that sometimes they go to the appointment with the parents. Sometimes they pay for the service. So a system, whatever way is needed until the child receive – they receive documentation that the child has been seen. Well, again, happy smiley face there. So when you do refer, check all that apply. When do you refer? Okay?

Certainly, if a child doesn't pass the screening, the child will be referred. 62 percent refer if the child is not able to cooperate with a screening, and that is terrific because oftentimes a child who doesn't cooperate, they may be viewed as having some behavioral issues, et cetera, but more often than not, there may be a vision problem with that child. If a parent or caregiver expresses concern or if a Head Start employee expresses concern, look at the high percentage of the respondents who will refer that child to an eye doctor, and by that I mean an optometrist or an ophthalmologist for a comprehensive eye exam. So, again, great job in this area. And this is consistent with the preferred practice guidelines, and I've got a slide up from the website of the American Academy of Ophthalmology on signs and symptoms of eye problems observed by family, observed by staff. That is a legitimate reason for the

child to be referred for an eye exam. And I threw a couple of slides in – at a future webinar we'll do more of this – but children that exhibit – this is a child showing photophobia, wrinkling the forehead and a little bit of tearing. This child had congenital glaucoma. Here we have a child with a lot of tearing, rubbing the eye. This child had a pretty severe allergic eye disease and needed to be referred. We see children with droopy eyelids. Droopy eyelids can prevent vision from developing. All those children should be referred.

We talk about white pupils, and this is always scary for people. This is a little one who unfortunately was noted to have a light pupil, and then you end up having a tumor in the eye that's called retinoblastoma. So early identification, of course, is critical in these cases. And also, this little one, for those of you who are in Early Head Start, any child with a white opacity in the eye, in this case it's a congenital cataract, needs to be seen urgently, immediately. The vision can be rehabilitated but only with early intervention. Again, maybe at another time we can go into more detail. But your observations, that's the take-home point, are important.

So, again, when do you refer a preschool child to an eye doctor? What about if there's a family history of amblyopia or lazy eye, right? What about there's a family history of crossing? What if a child is diagnosed with developmental delay? And you'll see that only a small percentage reported that they would refer the child for a comprehensive eye exam. So let me again show you some preferred practice patterns from the American Academy of Ophthalmology. And on the family history, it specifically says that if there's a family history, so here we have a mom who clearly has a crossed eye, we get a family history of crossing of the eyes, which is called strabismus, or amblyopia, which is what we're talking about, or if the mom started wearing glasses very early in life, that puts the child at higher risk of a vision problem, and all those children should be referred to the eye doctor for a comprehensive eye exam.

Many of your children may have a history of prematurity, and I know from some of the write-ins that a number of children with neurodevelopmental delay are in the centers, and all of those children need to have a comprehensive eye examination with follow-up as recommended by the eye care provider. So in summary, for this point, low-risk children need a good age-appropriate evidence-based vision screening. High-risk children need to go immediately to comprehensive eye examination. So when you do send someone to the eye doctor, how often do you get the results? And 52 percent report that they receive the results nearly all the time, and a large percentage report that they know what is intended by reading the notes from the eye doctor. That's pretty phenomenal. I think very few people could say that, reading our notes. So kudos again to the staff. What about informational materials? 32 percent of the programs reported, of the respondents, that they do not provide informational materials to parents and caregivers about vision screening and vision disorders. Now, 70 percent do, which is terrific, but we've got 30 percent not providing those materials. Nearly all agree that they would like to have these materials and that that would be important to share with families.

So in terms of assessing children's vision at the center, what issues make it difficult for you to do this? And the ones identified, 20 percent reported not enough time, a larger percentage talked about language barriers, but over 60 percent said children not cooperating. And when we look at that

category, that category also included the children with developmental delay, with autism, ADHD, and again, referring to the prior discussion, those children – this will make it easier for the Head Start staff folks. Those folks really should be referred immediately for a comprehensive eye examination. So this was the final question. It was a write-in question on the survey asking people to identify the top three barriers that stop children once they fail the vision screening and they're referred from getting to the eye care provider, to getting their comprehensive eye exams. So it's one piece, but it's an important piece. Nearly everybody identified parental involvement as a main barrier. They went on to say that the lack of knowledge of the parents, the parent was unconvinced that the child had a problem. When we go back to the early part of the conversation, that's not surprising because many of these children who, in fact, have problems, you cannot tell by looking at them. So we do need education. Parents are busy. They may not have transportation or money. Insurance may be an issue. So they don't follow through with the appointments. There are many reasons for it, and we need to dissect down and see if we can figure out how we can work at that.

The other barriers identified had to do with transportation, that the eye care provider was a long distance from where the parents lived and there wasn't adequate transportation, or public transportation that was going to cost quite a bit. The third most common barrier identified had to do with insurance and providers, with few providers willing or able to see the children, few of those accepting Medicaid, and the long distance. The last barrier identified had to do with language. In summary, these are some barriers to obtain early essential vision care. And I want to say for all children it starts with appropriate vision screening that's based on the evidence, that's age-appropriate, that the screeners are trained in how to do this in the most effective way possible, that children who don't pass the screening are referred to the eye care provider, and children who do not pass it, right, or if you observe the child having a problem or if there's a medical history, a family history to suggest that the child is at high risk, those children also go to the eye care provider.

The lack of knowledge and awareness of the parents has been clearly articulated by the respondents in this survey. We need to know the knowledge or the results of the eye exam. What is the eye doctor telling me to do? The parents need to understand that, and folks who work with the children need to understand that. Lack of insurance, provider availability, transportation, language barriers, these are all areas we need to be aware of and do what we can. And we do. We have a lot to do to build a comprehensive vision care program for all children. I would suggest that it absolutely is doable, and at least in Head Start we are well on the way to accomplishing that. So thank you very much, and I'll turn this back over to Kira.

Kira: All right, thank you, Dr. Ramsey. So what I want to do with my portion of the presentation is talk about some of the solutions and resources that are available to help break down some of those barriers that were identified through the survey from the Head Start and Early Head Start providers. And really what we want to focus on here is making sure that each of these resources that are addressed today and the barriers we discussed are really addressing critical pieces of vision health system, a vision health program within Head Start. We really want to expand the thinking beyond just what's happening at the vision screening itself. There is so much more that can help to reduce each of these roadblocks that have been discussed already. So talking first about caregiver education, making sure that the role of vision in

a child's overall development and learning is discussed several times with parents, not just at the point the vision screenings occur.

So we'll talk about how we can integrate some of those messages. We'll talk about parent permission, making sure that there is permission to provide communication among all of the key stakeholders, how can we engage the medical home with the information, how can we keep communication with eye care providers, and letting parents know that we seek permission to talk to all these people, help them understand that there is going to be a system for follow-up. People are going to be watching to make sure that that follow-through and a referral is made.

Dr. Ramsey talked a little bit about the importance of evidence-based practices, making sure that what you want to assess in a child's vision is truly going to happen with the tools you've selected for the vision screening, making sure that you have organizational policies in place so that you know what – and everyone within the Head Start program or Early Head Start program knows what happens when a referral is made, how training is to be integrated as a part of professional development, how communication among providers can happen, policies specific to children with delay, as well as policies on annual evaluations for the program. Talking about a standardized screening and re-screening and when to refer, making sure that there's very solid approaches to a child that doesn't pass a screening the first time, how to handle those children, and knowing when to make those correct referrals is critical. Talking about cultural competency is a key part of the program because that is really an area where a lot of barriers come up, individuals need to understand the referral letter that's sent home. They may not understand what's being told to them if it's not in their native language.

There may be some issues of mistrust between the culture and medical professionals or issues of mistrust between parents and staff if there have been previous altercations, even. So just consideration of what might be going on at a cultural level and even literacy level is important to keep as a part of your program. And then you need to make sure that there is good follow-up. Head Start and Early Head Start programs are wonderful at this. There's always an individual designated who is responsible for follow-up. But what are the different steps that can be taken and what resources are available to make sure that follow-up happens is something I want to talk about. And then providing link to resources, not just a website, but providing parents with lists of local providers that might accept their insurance, helping them to take down that barrier of "I can't find an eye care provider to see my child that's on my schedule."

So anticipating some of those and making those resources ready at the time of referral. Keeping those eye exam outcomes on file, so seeking that information back from the eye care provider is a key part of the system and communicating with them if there are questions on adherence to treatment. And then enacting treatment plans for vision. That may not be something that you're doing within your program, but you can have treatment plans just like any other condition for the child, to make sure that they're wearing glasses, to make sure that they're using the eye patch if they're being treated for amblyopia within the time period that they're in your care. And then finally, making sure that there is an annual check of the vision health program in total to make sure all of these different pieces and parts are running smoothly or to identify areas that need to be improved on over time.

And so one of the first resources I wanted to point out to you is we have from the Year of Children's Vision Initiative developed an annual vision health program evaluation checklist. So this checklist is a document that goes for each of those 12 areas I just described around the clock that outlines – it really breaks it down point by point around parent education and what can you do. And within this document, with each of those points, it either says, yes, you're doing it, or no, you're not. And then you'll have an opportunity at the end of this document to take all of those nos, that you're not doing it, analyze them and see if there are needs to improve those pieces, those specific pieces of the eye health program. This is a great document to use with your Health Advisory Committees, your Parent Advisory Committees, to say, "You know, we've taken a look at our vision health program and outlined some areas that we think that we would like to improve on. Let's talk about them and see what we can do together to improve these areas." And slowly, as you address each of these areas that you want to improve, you'll see these barriers to follow up on care or addressing children's vision slowly start to reduce because you're going to have the resources and the support in place ahead of time. And then as I provide the website for the Year of Children's Vision Initiative, that's where you're going to be able to find this document. So I'll give you that website in just a moment.

Now, some other ways that your program can help to reduce barriers comes through a lot of those pieces that Dr. Ramsey talked about, making sure that the information is understandable to families, that they are properly educated around children's vision, making sure that it's in a language that's native to the individual that you're trying to educate or communicate with, making sure you're addressing feelings of mistrust, and I'll talk a little bit about how some peer support can help with that. And then there's always access issues, and I can talk a little bit about how communication among providers or some resources you can develop and access will help to address some of these access issues. So one of the big things that the Head Start Health Advisory Committees or parent support networks can do to help around children's vision is to engage with other families on different levels to support them and their child's eye health.

So oftentimes there could be parent-to-parent conversations where perhaps a family has been recently referred from a vision screening. Another parent can give them that piece of advice to say, "I did this, or you can try this with your child to help adhere with treatment, or my eye doctor told me this. Maybe I can connect you with them," and then give them some personal referrals, because it really is a different level of trust when you're getting information from other peers, and when you have parents in your support network that are educated, engaged, encouraged to help others, they can give some strong positive peer information from one family to another. Other ways they could support also include being a personal advocate, maybe somebody isn't following up on a vision screening referral because they really just are not comfortable in a healthcare setting.

So other peers may go with them to the appointment, help them understand what's happening, understand the process, and take away some of that nervousness they may have around the healthcare system. And maybe it's just an issue of making sure there is not a language barrier between the eye care provider and the family whose child has been referred. Providing some translations is an easy way for one family to support another if they have the ability. Other families might need access getting a child to an eye care appointment. Maybe the reason they haven't followed up is because the parent is working

two different jobs and just simply can't take the time away from work to get the child to an eye appointment. So having that allowance for another family to support getting the child to an eye care appointment might be the kind of assistance that they're looking for to meet that need. And, of course, support and treatment adherence especially with these young children is really helpful. Oftentimes when young children are going through treatment for amblyopia and they're being patched several hours a day, there's going to be some frustrations in the beginning sometimes when the children just don't want to keep that patch on. So matching up families who have been through this kind of treatment before, sharing tips and resources they use are really going to help bring down that frustration level of the family and hopefully the child and approve their adherence to that treatment.

Another way that members of the Health Advisory Committee or a peer support network can help your vision health program is to offer to provide educational sessions to other parents. Again, getting this information from peers, the people they see as themselves, is going to help them be more comfortable and accepting of the information and provide that true one-on-one kind of conversation that's going to help answer their questions and reduce their level of nervousness if they're not comfortable asking questions with staff members or other healthcare providers.

And it can also be helpful in setting goals for your children's eye health program. As I mentioned, through that evaluation document, you'll identify areas that you want to improve on, and together with these parents, you can help to set what your priorities are going to be for improving your eye health program. One of the key areas that was needed, identified to the survey, was parent education, and that's a key part of your vision health program. So also on this Year of Children's Vision website, which I'll introduce you to, is a variety of different parent education resources. You can see here examples of the same document in a couple of different languages, English and traditional Chinese. It's also available in Spanish. And the goal of this type of resource is not to educate a family upon the time of referral, but educate a family about the role of vision, the child's overall health and development period. So this is a great piece to have as an introductory packet to provide on monthly parent education approaches, maybe as a part of newsletters or monthly information that you give to parents.

So any time is a good time for eye health education, not just at the point of screenings, so I really want to encourage you to integrate it in as you can. And you can take any of these pieces from the document and integrate it into newsletters or e-newsletters and really just getting parents into the conversation around a child's vision at any time. Another important way to improve the children's vision health program is to establish or improve those community provider relationships. And this is where you can help to identify some of the resources for getting access to eye care, but also getting parents and families comfortable with the idea of an eye care provider. So, again, trying to reduce some of those barriers that might occur on follow-up. So go out and meet the eye care providers that are close to your facility. Obviously, that's an area that your families are comfortable in exploring. So knowing who the eye care providers are in your immediate area is going to be a great relationship for your program.

And it's also a wonderful idea to have a resource listing of providers, when they're open, what insurance is accepted, where they are on bus lines, and what agents those providers are comfortable seeing. It's a great resource that can be developed maybe by a parent on the committee or even local college

students that are looking for some volunteer hours. That's going to be a wonderful resource that you can then pass on to families whose children are referred from a vision screening. And as you're talking and going out into your community and meeting those eye care providers, invite them to come in and visit your Head Start program, talk with the children, talk with the families. If you have a regular time that they're gathered together for education, that's a great time for that eye care provider to come in and just talk about the importance of vision and a child's overall development and give your family some additional education.

So another resource I wanted to introduce you to is this document, and it's kind of small here on the screen, but it's a document that's available in both English and Spanish. And this is a document that can provide you a uniform way to make a referral from a vision screening that a child needs to go to an eye care provider, but this document has a few different features. So in the PDF format, it has an area that you can type in the child's name and the parent and say that they have been referred for the vision screening. And if you see in that area that's outlined in red, that's an opportunity for the parents to give permission for communication among providers. So making sure that the eye exam results are sent back to you as the Head Start program to make sure that you have an opportunity to know who the primary care provider is and connect the vision screenings with them so that they understand what treatment might be provided, or to follow up with the eye care provider if you have questions. So it's that release of information and allowance of communication that will help you have a better eye health outcome in a child. And then you can see on the document that's kind of on an angle, that is the referral document that's a communication between the screening site, the Head Start or Early Head Start, and then to the eye care provider with a request that that information be sent back to you.

So next is a sample document, a referral letter, that could be used from your Head Start program to use when referrals are made. And, again, that's available in English and Spanish on this Year of Children's Vision website. Dr. Ramsey talked about having age-appropriate, developmentally-appropriate screening practices. One of the resources that has just been published is a set of three articles around recommended vision screening practices for children age 36 to 72 months, another article that goes over data collection practices to really try and drive uniformity in what data collection points are happening in your state or across the country, as well as different points of evaluation and accountability that could be integrated into vision screening programs so you know you really are doing an effective job. So these three articles were published in January 2015 in the Journal of Optometry and Vision Sciences, and a website has been established to help kind of bring them from the scientific level to the everyday user level through visionsystems.preventblindness.org. So I encourage you to go to that website and really check out the contents of the articles and think about what you're doing currently for vision screening within that age group and see if there are some changes or shifts that you want to make in your vision screening program towards those best practices.

And then as I mentioned, the Year of Children's Vision website is going to be kind of a one-stop shop for you for family education, referral letters, understanding more about the 12 different components that really make up that strong vision screening system, and give you skills and resources to help you improve your vision screening program. So the website, as you can see here, some page looks at the website, it has a lot of different resources along the side as well as, once you go into it, it's got recorded

webinars, PowerPoint slides, sample resources that are free to download. So I really encourage you to check out the website for the Year of Children's Vision, and I'll leave it up here for a minute. And it will also be available in a recorded version after today. But it's [nationalcenter.preventblindness.org /yearofchildrensvision](http://nationalcenter.preventblindness.org/yearofchildrensvision).

And it really has been a combined effort of our center, AAPOS, organizations such as Good-Lite, and the American Academy of Optometry have come together to put these resources in one spot that can really help to improve the practices in Head Start and Early Head Start programs. So I want to encourage you to visit that site. And at this time, I'll go ahead and pause here for Kelly to take over and direct any questions our way that might have come along.

Kelly: Thank you for sharing this wealth of information with us, Dr. Ramsey and Kira. It does look like we have time for some questions. One of the first questions is: What are some of the common signs of vision problems in young children?

Dr. Ramsey: Well, I guess I'll take that one. First, I would start off that we recognize that child care vision problems and those signs, right? So we've talked about that today. But that being said, the other side of the vision problem, which we alluded to, is crossing of an eye. And I like to emphasize this because sometimes a little bit of misinformation out there, you'll hear that, well, young children, their eyes will cross and that's perfectly normal. Well, after the age – let me just say, okay? After a couple of months of age, right, if a child is focusing and alert and all that, then a child's eyes should be straight. So if you were to observe any misalignment of the eyes, if you observed a droopy eye, if you were to observe a jiggle in the eye, if you were to observe a child always squinting – now, everyone will squint once in a while, but always squinting, or a child really persistently having what I call an anomalous head position, they have a tilt in their head.

All of these may be signs that the child could have an eye problem. And, again, typically would be an eye problem that we could correct or fix, so I don't like to worry families with that, just to say the best thing is to get the child seen by an eye care provider. I hope that helps.

Kelly: Thank you. Another question is: Do you have any suggestions for getting parents involved in sharing information with parents on the importance of vision screening?

Kira: I'll address this. It's really important to have parents involved. If they're not comfortable being involved at a formal level such as your Health Advisory Committee or a parent support committee. Take the time to go ahead and talk to them one-on-one and see what kind of resources or skills they might have to help other families. Maybe you're familiar with a family whose child did go through a vision screening process and got an eye exam and ended up with a pair of glasses. Just say, "Hey, you know, would you be willing in the future if we have questions to talk to other families whose children have glasses?" And just see if they're willing to have that one-on-one conversation. It's a great way for them to share their experiences. It's something that most parents are happy to do after their child goes through the process.

And it's also a great way for you to help develop some future leaders for your programs, and maybe that's the way they can start being a help and resource to your program and they can grow from there. But definitely if they're not comfortable being in a formal level, then start them on that one-to-one peer conversation level. But I as talked about, having your Health Advisory Committee engaged in setting priorities for your vision health program, identifying areas that need to be overcome, maybe they can help put together that resource list of providers in the area, or maybe they're willing to help provide some transportation or translation. Every family, and I think all of you out there know this, every family really does have a gift to bring to your program, and so it's really valuable to take the time to learn what their gift is and engage it properly. So it's oftentimes just the start of a conversation and expressing what your needs are, which may emerge coming out of your program evaluation.

Kelly: Thank you. We have a few questions regarding SPOT, and they are, number one: Is SPOT appropriate to use on three- to five-year-olds? And then, does it measure visual acuity? And then another one just wanting to know if SPOT, is it evidence-based?

Dr. Ramsey: Well, those are great questions. And in the process of doing the survey, I didn't show those results, but a lot of the centers are using instrument-based screenings. SPOT is one of them. SureSight is the other one. And the folks who are using it would just – they were just so pleased with the results again. So in terms of evidence-based, Kira, refresh my mind where we put that in the study. But there's been lots of research done with this device, especially in the three to five range, not so much as school-aged children, but the three to five range. And so there is evidence out there to support the use, so much so that recently what's driving a lot of increased use of instrument-based screening is the AAP. The American Academy of Pediatrics section on ophthalmology just revised the guidelines so that this device is appropriate for young children, for the three to five age group, and that using acuity screening, this instrument-based screening would be effective. So that has really changed the territory by having that policy changed. Kira, do you have a comment on this also?

Kira: Sure. I just want to take a moment to describe – the center does have a function that it reviews emerging technology and asks the manufacturers to provide a submission document as well as scientific studies that demonstrate a validation. With the SPOT device, they were able to recently review it, and some of it has a decent amount of vision screenings that were conducted. It was in a study submitted. We were hoping for a little bit larger population within the three to five to show the evidence. But the outcome of the review by the experts was that it's an acceptable device to use within the three to five population. We do want to encourage more research just to see its overall effectiveness. But right now it looks like it's an acceptable device for the age population. Not much evidence out there for its use in the zero up to age three population, so I just want to caution that more evidence is really needed around its use in that age group. And then referencing back to Dr. Ramsey's statement on the AAP policy, they do encourage use of an archetype-based visual acuity test for children age six and older. So SPOT is an appropriate alternative to chart-based screening for this age group.

Dr. Ramsey: Thank you, Kira, that was great. And then just the other question about acuity. SPOT doesn't measure acuity. It's based on what's called "photorefractive technology." So it takes a picture of both eyes simultaneously, and judging from reflexes coming off the eye, they call it a "crescent," the

machine will determine the refractive error of the eye. Is it far-sighted, is there astigmatism, is there a difference between the two eyes, and that's the process that is used to either pass a child or not passing a child with that device. So anyway, it is out there. And Kira's right, we're looking at it closely because we feel, as I'm sure those of you feel who asked that question, you want to make sure you're doing the right thing and that there's evidence to support it. So thank you for that question.

Kelly: We also have a question – a few people are asking about wanting to know about some recommendations for screening methods for Early Head Start, so children under the age of three.

Dr. Ramsey: Well, you know, as we've gone around the country and spoken to people, this question has come up as a pervasive question and very important question. And we are in the process of looking at this. We have a task force looking at how you – because I know there's a requirement in Head Start that you have to screen these kids. And there's no – as Kira alluded to, maybe in a few years we'll be saying some of the instrument-based screening will be appropriate and will have been researched and we can make that recommendation, but we're not there now. But, yes, folks, in the centers, feel like they have to do something. So we will be planning to develop some guidelines for folks that may help in the assessment of vision and may be based on risk factor, assessment, whether the child needs to be seen, et cetera, possibly based on what we know are the normal milestones of vision in a child, or as I alluded, when a child's eye should be straight, when the child should be looking at you, et cetera, that we may be able to assist with some of that. But all of that, you're asking a question that we're currently very active – it's a very active question and we're working on. Kira, any comments?

Kira: Yeah, I just wanted to add a couple of things that the programs can be doing now. One, this is a function that should be happening as a part of the Well Child visits. So those families that you're serving that do have a medical home for their child, I would encourage as a part of your intake paperwork what you ask as a part of the physical, to really define, outline for those young children what results you need from the primary care provider screening to make sure that you meet that obligation for having a vision screening on file for the younger children. Now, there are specific procedures that should be happening in that clinical environment, and asking for that specific information on the report from the provider will help you meet that need. Also, for those children who may need to be followed up with an eye care provider or you're just not sure about, there is an infancy program that does provide a comprehensive eye exam for children age six months to one year. So that's another resource that can be employed at this time as well in those very young children.

Kelly: Okay, it looks like we have time for one – I'm thinking it might be a quick question. But could you just – one of you just answer: Is excessive blinking indication of an eye health issue or problem in early childhood?

Dr. Ramsey: Well, I'll take that. We regularly get patients referred in for excessive blinking, and I guess I would say most of the time things turn out to be fine. So to answer the question, it doesn't necessarily indicate an eye problem. There are times where there has been, like either a foreign body in the eye or maybe – especially young children, if they have itchy eyes, they're don't say, "My eyes are itching," they sometimes sit there blinking their eyes and it seems like they're trying to rub their eyes from blinking, so

there's many reasons for it. It doesn't necessarily mean that there is a vision problem, but that is, again, a regular reason for children getting referred because it is possible there could be a foreign body or something like that in the child's eye.

Kelly: Okay, thank you. It looks like we're going to close now, so if you have any further questions, you can contact the Head Start National Center on Health at nchinfo@aap.org. And just as a reminder, if we didn't get to your question specifically, we will be answering those questions over the next several weeks via email. And just also to remind you, when the webinar ends, there's going to be a survey poll that can be taken immediately. There will also be a follow-up email sent to everyone who watched live with instructions about taking the – about how to share the Survey Monkey link to everyone in your group who watched today's webinar.

So just remember to take the – fill out the survey to receive your certificate of participation. So thank you again for joining us for this great webinar. We look forward to having you participate in further events.

Thank you.

[End video]